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Assessment of Depressive Symptoms Severity among Secondary School Adolescents in Kiambu County, Kenya

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Abstract

Depressive symptoms have different levels of severity such as mild, chronic as well as acute. The symptoms may lead to feelings of hopelessness, emptiness, sadness, and helplessness. The purpose of this study was to evaluate the severity of depressive symptoms that are manifested by secondary school students in Kiambu County. The targeted population was secondary school adolescents in Kiambu County. Data was collected using standardized instruments. The adolescent depressive symptoms severity was assessed using the Patient Health Questionnaire-9: Modified for Teens (PHQ-9: teens). The findings on the severity of depressive symptoms manifested by the adolescents revealed that 38.6% of students had mild depression, 24.2% had minimal depression, 20% had moderate depression, 13.3% had moderately severe depression and 3.9% had severe depression. The study recommends the need for the Ministry of Education to hire counselors and psychologists to provide mental health services in secondary schools. This will assist students in managing depressive symptoms. The study further recommends that school management introduce programs aimed at bringing parents and students together to discuss family issues affecting student's mental health.

Keywords: *Depressive symptoms, severity, adolescents*

1.0 Introduction

Ganai and Ganie (2021) define depressive symptoms as negative feelings, actions, emotions, thoughts, and behaviors expressed by an individual. Depressive symptoms have different levels of severity such as mild, chronic as well as acute. The symptoms may lead to feelings of hopelessness, emptiness, sadness, and helplessness. When adolescents experience and witness destructive interparental conflicts they are likely to have a negative cognitive and emotional appraisal. Consequently, this may lead to negative feelings of hopelessness, helplessness, and frustration as the adolescents may perceive themselves as unable to control and manage their parents' conflicts. Thus, depressive symptoms may or may not develop based on the degree to which adolescents feel threatened and able to cope with interparental conflicts in addition to the degree to which they blame themselves for spousal conflicts.

Aalberg, Czajkowski, Rognli, Solbakken and Waraan (2020) noted that the prevalence of depression rises steadily during adolescence consequently leading to serious negative lifetime outcomes. Adolescence depression has become a public global health concern and the presence of depression among adolescents translates to an increase in suicide risk (Lancet, 2017). Depressive signs are an unnoticed problem among adolescents that requires identification. Depression is underdiagnosed in adolescents because depressive symptoms are thought to be a

normal part of the adolescent experience. It is thus critical to comprehend the presence of adolescent depressive symptoms as it assists in making proper prevention measures and treatment plans. If left untreated, adolescent depressive symptoms may progress to full-blown depressive disorders thereby necessitating the need for this study.

A study conducted in the USA on adolescent depression: national trends, risk factors, and healthcare disparities revealed a high number of teenagers with untreated depression which has recently risen to high levels among American teens (Lu, 2019). Results established a rise of 8% in major depressive disorders experienced by USA teens aged between 12 and 17 years since the last survey conducted in the year 2007. A study on the prevalence of depressive symptoms among urban adolescents in Southern India revealed a high prevalence of depressive symptoms. Findings indicated that of the 964 participants, 358 had mild depression, 187 were moderately depressed and 41 had severe depression (Rani, 2019). The reviewed studies are relevant to the current study although the studies have not linked depressive symptoms to interparental conflicts thus the need for the current study.

Very few studies on adolescent depressive symptoms have been conducted in low- and middle-income countries. Regionally, an investigation of the prevalence, socio-demographic, and parental-related causes of depression among secondary school pupils in Jimma town, Southeast Ethiopia, was recently conducted. The study on depression and its determinants had 546 adolescent participants aged 15 to 17 years. Results indicated that one in every three adolescents had a depressive syndrome and there existed a high depression prevalence rate of 28% (Abera, Girma, Mamaru & Tsehay, 2021). Results further indicated that participants had moderate depression, and acute depression while others were assessed with severe depression.

1.1 Problem Statement

A review of studies has established that depression and depressive symptoms have been on the rise globally, regionally, and in Kenya thereby raising a global health public concern. Despite having several studies on depression, the problem still exists. The question begs; why the a rise in the number of individuals living with depression and depressive symptoms? The World Health Organization (WHO) noted a global increase of 18.4% in depression cases from the year 2005 to 2015 whereby over 322 million individuals were living with depression (WHO, 2017). Out of the 322 million individuals, depression affected 1.1% of adolescents aged 10 to 14 years as well as 2.8% of those aged between 15 and 19 years. Sadly, depression is the leading cause of suicide with an estimated number of 800,000 deaths annually. The WHO further noted that suicide is the second leading cause of death globally among young individuals aged between 15 and 29 years. Thus, the presence of depression and depressive symptoms among adolescents translates to an increase in suicide risk (Lancet, 2017). Furthermore, depression is thought to decrease the desire to seek treatment meaning several secondary school students may be living with undiagnosed depressive symptoms as well as untreated depression (Conerly et al., 2019). If left untreated, adolescent depressive symptoms may progress to full-blown depressive disorders thereby necessitating the need for this study.

1.2 Study Objective

To evaluate the severity of depressive symptoms that are manifested by secondary school students in Kiambu County.

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2.0 Theoretical Review

Emotional Security Theory

When inter-parental conflict took center stage as an environmental factor that could either strengthen or weaken children's emotional security, Cummings and Davies created the EST. The goal is to describe the developmental consequences of spousal conflicts that happen within the family context (Cummings & Davies, 1994; Davies, Martin & Sturge-Apple, 2016). The theory posits that children and adolescents' psychological adjustment is greatly affected by how they feel secure, protected, and safe in the family system. This consequently assists them to maintain a sense of security, protection, and safety as their major goal. This goal is threatened when children and adolescents witness and get exposed to frequent, intense, and escalated destructive interparental conflicts. The highlighted marital conflicts are characterized by negative behavior such as verbal insults, physical violence, throwing objects at each other, unresolved issues, aggressiveness, and hostility.

The hypothesis was thus created to interrogate exactly how, when, and why inter-parental turmoil, strife, and violence are connected to children's and adolescents' mental health trajectories. The primary goal of the theory is to explain how observing, witnessing, and experiencing destructive spousal conflicts gives rise to children's vulnerability to psychological challenges. This results from undermining their capacity to uphold and maintain emotional security inside various family ties (Cummings & Davies, 1994; Cummings & Davies, 2012; Davies et al., 2016). Consequently, destructive interparental conflicts predispose children and adolescents to developing depressive symptoms as a result of a threatened safety and security base.

Findings of a study by Cummings and Davies (1994) demonstrated that intact families experienced high levels of relationship stress with 20% to 40% of the parents experiencing significant marital distress levels. It is further noted that exposure to increased levels of arguments and disagreements between parents makes children vulnerable thereby widening their range of psychological challenges. These include internalizing symptoms like depression as well as externalizing symptoms like conduct and aggression problems. Academic difficulties and social impairments for example poor peer relations and social isolation are also negative outcomes of interparental conflicts. Davies and Cummings (1994) further noted that children focused on feeling safe and secure within their family environment, thus, exposure to frequent, intense anger and interparental conflict reduces their sense of emotional security.

Consequently, children's emotional insecurity that follows interparental destructive conflicts predisposes them to behavioral, emotional, social, and psychological maladjustment problems (Brock & Kochanska, 2016). Cummings and Davies (2012) concluded that interparental relationship is greatly affected by interparental conflict that is witnessed in early childhood. The situation is further complicated as it predicts behavior problems during adolescence by raising emotional insecurity. This provides important evidence for both the spillover hypothesis and the emotional security hypothesis across several key developmental milestones. The theory is important to the current study as it explains how, when, and why interparental relationships especially destructive conflicts affect children and adolescents. The affected domains are social, behavioral, emotional, and psychological well-being thereby contributing to depressive symptoms.

2.1 Empirical Review

Levels of Adolescent Depressive Symptoms Severity

WHO (2017) notes that adolescent depression has become a public global health concern. Moreover, the prevalence of depression and depressive symptoms rises steadily during adolescence and it has serious negative lifetime consequences. The negative impacts include but are not limited to impaired academic performance, substance use and abuse, increased social difficulties, and poor self-reported social well-being (Aalberg et al., 2020).

A study engaging 95,856 participants was conducted in the USA on adolescent depression; national trends, risk factors, and healthcare disparities by the National Survey on Drug Use and Health between 2011 and 2016. Results established that 13% of U.S. teens aged between 12 and 17 years were reported to have experienced a major depressive episode in the past year up from 8% in 2007 (Lu, 2019). The study further observed that there is a growing number of adolescents with untreated depression which has become increasingly common among American teens especially adolescent girls who are now almost three times as likely as teenage boys to have had a recent experience with depression. The reviewed study exposes a contextual vacuum that the present study, which was undertaken in Kenya, filled.

A recent cross-sectional survey study was conducted by Abera et al (2021) in Jimma town, Southwest Ethiopia that engaged 546 school adolescents intending to determine the prevalence of depression as well as its determinants. Results from the study revealed that one in three adolescents was found to have a depressive syndrome. The patient health questionnaire revealed a 28% prevalence of depression. According to the PHQ-9 depression severity scale, 1.3% of the teens had severe depression, while 8.2% and 18.5% of them had moderate or moderate to severe depression (Abera et al., 2021). This reviewed literature presented a contextual research gap which was addressed by the current study in the Kenyan context.

In Central Uganda, teenagers who were enrolled in school were the subjects of a cross-sectional survey study by Kiwuwa et al. (2016) to determine the prevalence and risk factors for depression symptoms. A total of 519 adolescent students aged between 14 and 16 years participated in the study whereby 301 were boys and 218 were girls. Results indicated significant depression symptoms are prevalent among school-going adolescents and may progress to full-blown depressive disorders.

Children Depression Inventory (CDI) was used to examine 519 individuals, and 109 (21%) of them reported major depressive symptoms. Only 74 of the 109 participants with severe depressive symptoms underwent an evaluation with the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID), with 8 (11%) meeting the criteria for major depression and 6 (8%) meeting the criteria for dysthymia. Depressive disorders were thus 2.9% more common in those evaluated using the CDI and the MINI-KID (n = 484). The vacuum in contextual research was filled by the current study presented by this reviewed literature by conducting the research in Kenya.

In Kenya, Conerly et al. (2019) conducted a study on the signs of depression and anxiety, social support, and demographic characteristics among Kenyan secondary school students. To take part in the study, a total of 658 adolescent high school students from Nairobi County, aged 12 to 19, were enlisted.

Results among young people in Kenya revealed high levels of anxiety and depressive symptoms (37.99% above clinical cutoff and 45.90% above, respectively). Younger

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adolescents reported higher levels of sadness and anxiety symptoms, while older adolescents reported lower levels of social support.

In addition to identifying significant associations between these symptoms, the analyzed study highlights how common internalizing teen symptoms are among Kenyan secondary school students. The current study closed a research gap in the context since it was conducted in Kiambu County, which has a rural-urban setting and may show different findings from Nairobi County's urban setting.

3.0 Methodology

The study's targeted population was secondary school adolescents in Kiambu County. Stratified sampling technique was employed by the researcher to group the students as per their gender and school type. Purposive simple random sampling was utilized to get a sample size of 400 students from form two and three students in every sampled school. Data was collected using standardized instruments. The adolescent depressive symptoms severity was assessed using the Patient Health Questionnaire-9: Modified for Teens (PHQ-9: teens). Statistical Package for Social Sciences (SPSS) version 26 was utilized to code, process, and analyze the collected data. Descriptive statistics such as percentages, frequencies, mean, and standard deviation have been generated through quantitative data analysis.

4.0 Results and Discussion

4.1 Depressive Symptoms

The descriptive statistic findings on the severity of depressive symptoms that are manifested by secondary school students are shown in Table 1.

Table 1: Depressive Symptoms

	Not at all		Several days		More than half the day		Nearly every day	
	f	%	f	%	f	%	f	%
Feeling down, depressed, irritable, or hopeless?	159	40.3%	154	39.0%	24	6.1%	58	14.7%
Little interest or pleasure in doing things?	170	43.0%	127	32.2%	34	8.6%	64	16.2%
Trouble falling asleep, staying asleep, or sleeping too much?	215	54.4%	92	23.3%	23	5.8%	65	16.5%
Poor appetite, weight loss, or overeating?	245	62.0%	76	19.2%	30	7.6%	44	11.1%
Feeling tired, or having little energy?	179	45.3%	122	30.9%	39	9.9%	55	13.9%
Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	156	39.5%	107	27.1%	51	12.9%	81	20.5%
Trouble concentrating on things like school work, reading, or watching TV?	173	43.8%	112	28.4%	33	8.4%	77	19.5%
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	243	61.5%	84	21.3%	29	7.3%	39	9.9%

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Thoughts that you would be better off dead, or of hurting yourself in some way?	203	51.4%	96	24.3%	30	7.6%	66	16.7%

The findings in Table 1 revealed that 40.3% of respondents noted that they never feel down, depressed, irritable, or hopeless, while 39% reported that it happens on several days. Results also show that 43% of respondents never have little interest or pleasure in doing things, while 32.2% reported that it happens on several days. On the question of trouble falling asleep, staying asleep, or sleeping too much, 54.4% of respondents indicated not at all, while 23.3% reported that it happened on several days. Regarding poor appetite, weight loss, or overeating, 62% indicated not at all, while 19% reported it occurring on several days. Conerly et al (2019) observed that young people in Kenya revealed high levels of anxiety and depressive symptoms.

On feeling tired, or having little energy, 45.3% indicated not at all while 30.9% reported it occurring on several days. Regarding respondents feeling bad about themselves – or feeling that they are a failure, or that they have let themselves or their families down, 39.5% indicated not at all, 27.1% reported having the feelings on several days, while 20.5% reported nearly every day. On trouble concentrating on things like schoolwork, reading, or watching TV, 43.8% indicated not at all, while 28.4% reported experiencing trouble concentrating on several days. Further, on moving or speaking so slowly that other people could have noticed, 61.5% indicated not at all, while 21.3% reported having the experience on several days. Finally, regarding thoughts that one would be better off dead, or of hurting oneself in some way, 51.4% indicated not at all, while 24.3% reported having the thoughts on several days. According to Kiwuwa et al. (2016), depressive symptoms are prevalent among school-going adolescents and may progress to full-blown depressive disorders.

The respondents were asked whether in the past year, they felt depressed or sad most of the days, even if they felt okay sometimes.

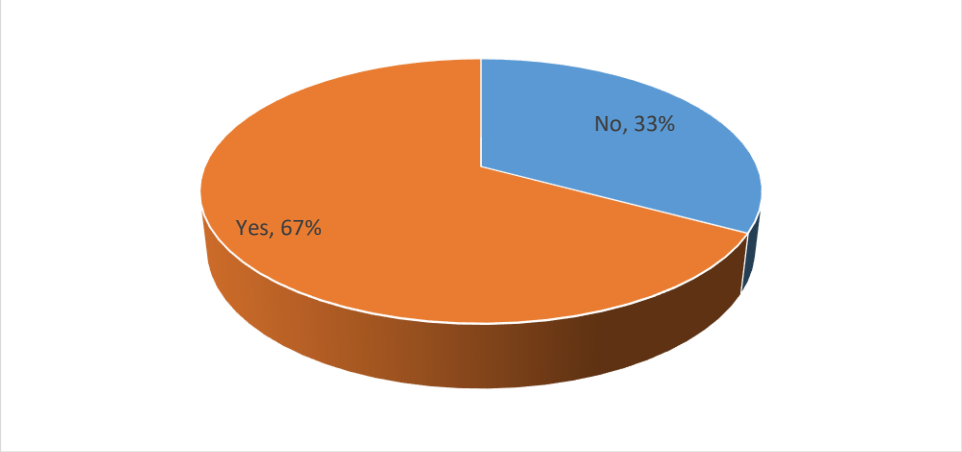

Figure 1: Feelings of Depression

As indicated in Figure 1, 67% of respondents agreed that in the past year, they felt depressed or sad most days, while 33% reported no feeling of depression or sadness.

The respondents were asked whether depressive symptoms had affected their work, taking care of things at home/school, or getting along with other people.

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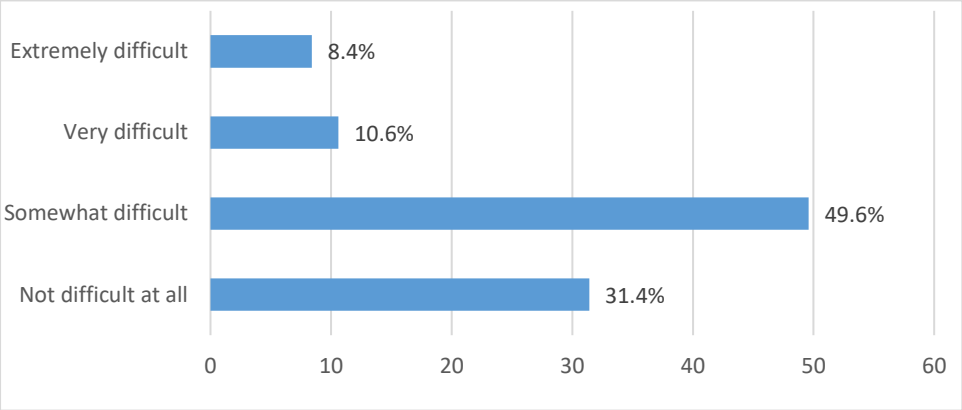

Figure 2: Difficulty Working

Figure 2 shows that 49.6% of students reported that it was somewhat difficult to work, take care of things at home/school, or get along with other people, 31.4% reported not being difficult at all, 10.6% indicated very difficult, while 8.4% reported extremely difficult.

The respondents were further asked whether there has been a time in the past month when they had serious thoughts about ending their own life.

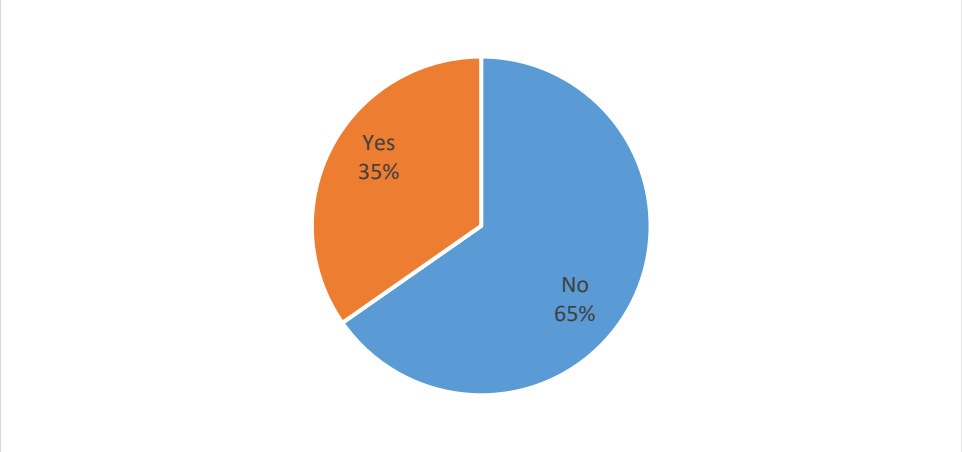

Figure 3: Suicidal Thoughts

The findings in Figure 3 show that 65% of students reported not at all, while 35% reported having experienced suicidal thoughts in the past month.

The respondents were asked whether they had ever tried to kill themselves or made a suicide attempt and the results are shown in Table 2.

Table 2: Attempt to Kill Self

	Frequency	Percent (%)
No	295	74.7
Yes	100	25.3
Total	395	100

Results revealed that 74.7% of students had not attempted suicide while 25.3% admitted to having had a suicide attempt.

Table 3 shows levels of depressive symptoms severity by secondary school adolescents in Kiambu County.

Table 3: Levels of Depressive Symptoms Severity

	Frequency	Percent (%)
Minimal depression	87	24.2
Mild depression	139	38.6
Moderate depression	72	20
Moderately severe depression	48	13.3
Severe depression	14	3.9
Total	**360**	**100**

The findings indicate that 38.6% of students had mild depression, 24.2% had minimal depression, 20% had moderate depression, 13.3% had moderately severe depression and 3.9% had severe depression. The findings agree with those of Lu (2019) who observed that there is a growing number of adolescents with untreated depression. According to Abera et al (2021), one in three adolescents was found to have a depressive syndrome.

5.0 Conclusion

The study concluded that a large number of secondary school students depicted mild depression, followed by minimal depression, while others had moderate depression, moderately severe depression, and lastly severe depression.

6.0 Recommendations

The study recommends the need for the Ministry of Education to hire counselors and psychologists to provide mental health services in secondary schools. This will assist students in managing depressive symptoms. The study further recommends that school management introduce programs aimed at bringing parents and students together to discuss family issues affecting student's mental health.

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